



## CENTRON SECURITY SERVICES

## Daily Security Report

Client No. 2036		Client Name O. H. metals				Location 1802 oswego st. utica				Date 7/23/87									
Facility Equipment 1		Detax Clock 1		Weapon No. -		Holster -		Nightstick -		Raiscoat 1		Flashlight 1		Other Gate; Trailer keys, phone					
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.																			
Officer—Day Shift (Name) OTC Del Vecchio						Officer—Swing Shift (Name) OTC R. Dealing						Officer—Grave Shift (Name) Duck Koboski							
Shift Began 8 AM PM Ended 4 AM PM						Shift Began 4 AM PM Ended 12 PM						Shift Began 12 AM PM Ended 5 AM PM							
Observations or actions taken														Yes		No		Explanation	
Rounds or stations missed																✓			
Unlocked doors, gates or windows																✓			
Unlocked vaults or safes																✓			
Fire-smoke-or hazards																✓			
1. Extinguishers missing or defective																✓			
2. Sprinkler system defective																✓			
3. Fire doors or exits blocked																✓			
4. Rubbish accumulation																✓			
5. Motors running																✓			
6. Lights left burning																✓		As required	
Injury hazards																✓			
Visitors																✓			
Trespassing																✓			
Violation of company rules														✓		see Remarks			
Remarks see incident report																			
IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.																			
1. Were you injured during this tour?														Day Shift 1. Yes No 2. Yes No 3. Yes No		Swing Shift 1. Yes No 2. Yes No 3. Yes No		Grave Shift 1. Yes No 2. Yes No 3. Yes No	
2. Did you suffer any illness?														Yes No 1. Yes No 2. Yes No 3. Yes No		Yes No 1. Yes No 2. Yes No 3. Yes No		Yes No 1. Yes No 2. Yes No 3. Yes No	
3. Have you reported all accidents coming to your attention?														Yes No 1. Yes No 2. Yes No 3. Yes No		Yes No 1. Yes No 2. Yes No 3. Yes No		Yes No 1. Yes No 2. Yes No 3. Yes No	
Signatures 1. OTC Del Vecchio														Signatures 1. Robert Dealing		Signatures 1. Duck Koboski			
Signatures 2.														Signatures 2.		Signatures 2.			
Signatures 3.														Signatures 3.		Signatures 3.			

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# CENTRON SECURITY SERVICES, INC.

Use this form to report any irregularities or out of the ordinary incident occurring during your tour.

Date of Report

4/23/87

time of Report

8:17

Client;

O.H. Metals

Address:

1002 Oswego St

Location of Incident

-Incident

Date occurred

4/23/87

Time occurred

7:55

AM

PM

Details and circumstances of incident; WHO, WHAT, WHERE, WHEN, & HOW???

When I came to work at 7:55 A.M. I found Dick Kokoszki fast asleep in his car. I drove by him; parked behind him and got out without him hearing me. He didn't wake up until I got into the trailer and closed the door. Then he drove away.

Signed-

Alvin D. Ventura

Rank

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